INOCULATIONS

AND THE

GERM THEORY OF DISEASE

THE SUPPRESSED MEMOIR,

BY

DR. LEVERSON

(Of New York).

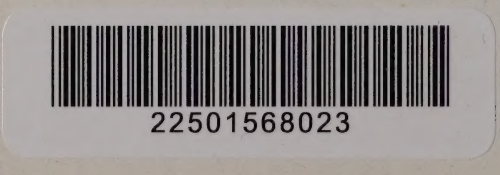
Price 3d.

SUBSCRIPTIONS RECEIVED BY MISS LOAT,
27 SOUTHAMPTON STREET, LONDON, W.C.,
AND BY MISS KIDD,
32 CHARING CROSS, WHITEHALL, LONDON, S.W.

1911.

ROSE AND HARRIS PRINTERS BRISTOL

WELLCOME LIBRARY
PAM
QW 800
1911
L66i



Inoculations and the germ theory of disease, particularly in relation to the diseased conditions of children.

PREFACE.

Towards the end of June, 1911, Dr. Hoyle, the able and courteous Secretary of the section on Pediatrics of the International Homœopathic Congress of 1911, urgently pressed me to supply a paper for his section. I reluctantly agreed to do so, reluctantly partly because of my advanced age, but chiefly because my time and strength were greatly engrossed in helping forward certain progressive measures; and in particular with efforts to publish translations I had made of many of the works of the late Prof. Béchamp, one of, perhaps the greatest of the men of science of the 19th century, and at the same time probably the most neglected, except indeed by those who plagiarised and distorted his discoveries!

The following pamphlet is the result of my labours.

Desiring to add, before reading it to the Congress, some comments on the final report of the Royal Commission on Tuberculosis, I requested it to be returned to me for that purpose.

I received it back on the 19th July, 1911, with a very cordial and polite letter from Dr. W. P. Purdom, which stated, *inter alia*, "the Committee who have had to decide which papers should be read, felt that yours is hardly suitable for a Homœopathic Congress, and might raise ill-feeling against us as a body of medical men, which at the present juncture would be a pity."

Comment from me might be misunderstood, but believing the publication of the paper would be useful, I place it before the public.

The reading of this memoir was intended to be accompanied by numerous illustrations as will be observed from the text; the cost of such illustrations has alone prevented their reproduction.

THE GERM THEORY OF DISEASE AND THE DISEASED CONDITIONS OF CHILDREN.

It is now nearly two hundred years since the people of Western Europe borrowed from an Eastern people, probably not lower in civilization than themselves, a medical theory and practice which, though glowingly endorsed by the Western Medical authorities of the time, were, as to the practice, in one detail at least, unanimously condemned by their successors a few years later.

I purpose in this paper to examine into the effect of this theory and practice, and into some of the theories and practices into which these have branched, especially that of the germ theory of disease ; and particularly upon the diseased conditions of childhood, termed pediatrics, but which are more rationally described by the phrase "diseased conditions of childhood."

And right here I will make a short excursion which I beg you will excuse and carry with you throughout the reading of my memoir ; and which I should like you to carry with you throughout all medical discussions, as a means by which to correct a bad habit of thinking which has grown upon us individually from an erroneous habit of speaking, though this last grew up among our ancestors from errors of thinking.

To speak of *a disease* or of *diseases* is a—paralogism. There is no such *thing* as a *disease* or *diseases*. What we mean when we speak of disease is not an *entity*, but a *condition*, and I propose so to name the diseased conditions, to which I may refer. Now these diseased conditions have had given to them names as though they were things, so that all medical nosology is based upon a fundamental and far-reaching error.

This error lies at the root of most of the loose-speaking and looser thinking which prevail in our profession.

To sundry grievous conditions have been given names, such as typhoid, small-pox, measles, the plague, fever, with adjectival indications to denote some of the protean forms of these conditions, but that which is intended when we speak of this or that disease, is really a condition, will be recognised by every physician when he reflects upon the continually changing definitions and descriptions which are ascribed to these names.

In great part, owing to this erroneous use of language, but also to a fatal mis-reading of statistical facts, a curious superstition came to prevail with respect to many of these conditions, viz. :—that one attack of it was protective against a second. In no case was this more positively asserted than in that of the condition to which the name "small-pox" was attached, and the whole theory and practice of inoculation has been based upon this error.

That it was an error I have long maintained, basing my reasoning on the doctrine of probabilities and upon Herbert Spencer's admirable exposition of the development of habit. I need not take up your time to prove this here, for besides that the demonstration is lengthy and in great part mathematical, Professor Adolf Vogt, for more than a quarter of a century Professor of Medical Statistics in the University of Berne, supplied a complete and mathematical demonstration of the fact that, upon the statistical data we possess, a person who has once been in the diseased condition called small-pox, is between 63 and 64% *more* liable to fall again into that condition in a subsequent epidemic, than one who has not been so affected.

This proof is to be found in Appendix XIV. to the 6th Report of the Royal (British) Commission on Vaccination, 1899; but which, on the ground, I believe, that it arrived too late, was not considered by the Commission. Should I live to publish my work on Inoculations, and their relations to pathology, I propose to reproduce that Appendix as well as my demonstration that if the missing data spoken of by Professor Vogt could be supplied, they *must shew* that the percentage of Professor Vogt is in fact less than the reality.

Now all this is mathematically demonstrable and is one of the very few facts so demonstrated or demonstrable in medicine. Thus the very fundamental assumption upon which the practice of our brothers the Turks and their followers, the dominant school of physicians of Europe and America, was based, was erroneous, in fact was a SUPERSTITION; but the leaders of the medical profession, except a few of the best, who were generally refused a hearing by the former, accepted with rejoicing the nostrum with its fallacious assumptions. The few, however, repudiated it, for, among other reasons, they knew, that what Sydenham said was true, that "if no mischief be done by physician or nurse, small-pox is the lightest and safest of all diseases." For which two last words I would substitute the phrase, "most of the serious diseased conditions."

Now, notwithstanding the absolute pronouncement of the Royal College of Physicians in favour of the inoculation of the poison accruing upon the condition called small-pox in 1745, a pronouncement made to prop up a senseless but, unfortunately, highly lucrative practice to many prominent physicians, the family physician and "the man in the street" revolted against it, so that when Jenner, at the psychological moment announced a nostrum which, he said, presented all the alleged advantages of the Turkish

practice without its dangers, the profession leaped to it, that is, nearly all, except a few of the really best men of the time. Although statistics prove absolutely the vanity of the practice to which the name of vaccination has been assigned, I shall trouble you very little with them because I desire to call your attention to the physiological and pathological points of view, and to attempt to do both would be to monopolise more of your attention than I dare to claim.

Now we all know that upon the healthiness of the blood depends the health of every organ of the body and the right performance of the functions of each of them, and Nature has provided the entire body-surface with a sort of coat-of-mail—the skin—which serves to protect the blood from contamination from without. Further, experience has taught the surgeon the necessity for cleanliness in all operations when the continuity of the skin is broken. Evidently to break the skin intentionally in the case of a healthy person is, and ought to be, universally regarded as *mal-practice*.

The unscientific character of, and the dangers attendant upon, the practice of inoculation were eloquently pointed out by Doctor J. J. Garth Wilkinson* in a beautiful and philosophical passage, a summary whereof may be thus given: When a drug or other remedy is administered by the mouth, in its passage along the alimentary canal, it encounters a continuous succession of chemical laboratories, wherein it is analysed, synthasized, and deleterious matters prepared for excretion and finally excreted, or they may be ejected from the stomach or overcome by an antidote. But when Nature's coat-of-mail—the skin—is penetrated, and the drug inserted beneath it, Nature's fortifications are taken by the flank, and nothing can be done to hinder or prevent the action of the drug or other poison no matter how injurious or fatal it may be. And, I add, all the physicians of the world past and present were and are incompetent either to hinder, to counteract, or even to *foresee* its action.

In 1865 Dr. Wilkinson wrote to William White that "the only short way of getting rid of the medical vested interest is by paying half a million or a million of money down to the profession, and buying the slaves, the people, out as the West Indian blacks were bought out." But in 1885 he had progressed, and, in a letter to William White, he says:—

*Emerson, in his lecture npon Swedenborg, and speaking of Dr. J. J. G. Wilkinson's translation of Swedenborg's writings, said that he is "a philosophic critic with a co-equal vigor of understanding and comparable only to Lord Bacon's."

". . . after studies, extending over eighteen years, have convinced me that I was wrong in my estimate of the smallness of the vaccination question compared with other evils. As forced upon every British cradle, I see it as a monster instead of a poisonous midge ; a devourer of nations. As a destroyer of the honesty and humanity of medicine, which is through it a deeply degraded profession. As a Tyrant, which is the parent of a brood of Tyrants, and through Pasteur and his like, a universal pollution master. As a ghoul, which sits upon Parliament and enforces contamination by law, and prepares the way for endless violations of personal liberty." (White's story of a great delusion, pp. 549-550).

The words of Dr. J. G. Garth Wilkinson should have for every homœopath a weight, second only to those of the immortal Hahnemann !

Even pure water has been known to act as a foudroyant poison when injected into the blood-stream ; how much more dangerous then is it to inject poisons, known to be such, whether modified or not in one of the many fanciful modes at present fashionable among vivisectionists, and from them copied by the votaries of the sham science of Bacteriology ! These simple observations are really sufficient to justify what I have said—that inoculation should be regarded as *mal-practice*, to be tolerated only in cases of extreme urgency when the educated physician sees no other prospect of saving life.

Now I do not wish to be understood as advocating inoculation under any circumstances or under any form ; personally, were I still in practice, I would *never* resort to it, as I believe that the Homœopathic Pharmacopæa furnishes even speedier means for emergency than the lancet ; but in the present state of even the Homœopathic science and art, I am aware that many experienced members of our school think otherwise.

Before proceeding to show you illustrations of pathological consequences of inoculations, permit me to place before you some idea of the nonsensical character of the germ-theory of disease, from which most of the present sorts of inoculation have been derived. Through a long series of researches extending over a period of nearly fifty years, crowned in 1899 by a work upon " the blood," in which, through the aid of his previous discoveries, he, among other things, solved the problem of the cause of the coagulation of the blood, the late Professor Antoine Béchamp, for many years Professor of Medical Chemistry at the University of Montpellier (France), made discoveries of the most abounding interest to

Biology, Physiology, and Pathology, to which sciences, theretofore floating in chaotic confusion, he has furnished sound foundations.

Among his discoveries was that of the functions of what he fittingly named *microzymas* (from micro—small and zume—ferment), they possessing fermentative powers, and being the smallest of known bodies. These bodies had been observed before and called "scintillating corpuscles," but no attempt had been made to discover their functions, nor was *it supposed that they possessed any;* indeed, they were universally disregarded as having no physiological importance. But Professor Béchamp discovered, and he *demonstrated*, that they were the builders of the cellules and of every organ and humor of the body, and were truly that *unit of life* which Virchow thought the cellules to be, the state of the art and science of microscopy not permitting him to proceed further in his analyses: but the fact that the cellules were physiologically perishable, proves that they could not be life's unit. But besides proving that these microzymas were the builders of every living principle in the body, Béchamp also found that they were physiologically imperishable. He found them present in calcareous rocks to which geologists ascribe an age of over 11,000,000 years, and on isolating them from their gangue he found them to be still alive and to be ferments of great power.

He saw them pass or evolve into vibrioniens; vibrios and bacteria, and, when diseased, the bacteria into which they evolved were also diseased, so that diseased bacteria are the consequences not the causes of diseased conditions, while diseased conditions result entirely from unhygienic conditions. These may be cosmic or they may be the results of the lack of wisdom of man. Often both concur; and it must be obvious that, living as we do, on the floor of an ocean of air, to whose changes within certain limits we have accommodated ourselves, any changes therein exceeding such limits, are liable to induce in us diseased conditions.

But the views which have been deductions through the ages of hippocratic observation have been recently called in question, and a novel set of causes has been announced with much fanfare and blowing of trumpets. Now, the theory set up as to such causes, as propounded by its inventor and high priest, is that the atmosphere contains an innumerable quantity of what he calls *germs of disease*, that the body is impenetrable to these germs when in health, but that when diseased they have ready access into the interior.

Now in the first place he failed utterly to give a reasonable definition of what he meant by the term germs; pressed upon this

point, he said : " In all the questions I have had to treat, whether relating to fermentations or spontaneous generations, the word *germ* means the origin of life." You will find the term thus defined in *Pasteur's Etude sur la Bière*, page 302. This was so late as the year 1876, after he had been bandying about the term *germs* for several years ; replace the term germ by the phrase " origin of life " in his writings, either before 1876 or after that date, and the inextricable contradiction and nonsense in which he was involved will become apparent. And now observe : The so-called germs of disease that is " origins of life, causing disease," are asserted to be always present in the atmosphere in enormous quantities and to have existed there from the beginning of things ! This was a plagiarism of the discovery by Professor Béchamp of the presence in the air of " little bodies," living things, having fermentative power ; distorted by Pasteur into germs of disease ! Now while Béchamp over and over again isolated his " little bodies," which he named microzymas, and affiliated with analagous " little bodies " to be found, as he and his collaborators *demonstrated*, in every living tissue they examined, neither Pasteur nor his followers, though often challenged to do so, ever isolated from the air a single germ of any disease whatever ! They did find, in the air, bacteria of various forms (evolved as shewn by Béchamp, from microzymas), but they never succeeded in producing therefrom in a living body, the diseased condition of which they claimed it was the germ. Whenever they have produced a diseased condition in any living body by the inoculation of bacteria, the bacteria have been obtained from a diseased body, never under any circumstances from the air.

A surgeon of the name of Paget, who is perambulating this country lecturing on Pasteur and the debt the world owes to him, thinks that he routs the opponents of the germ theory of disease by inviting them to allow him to inoculate them with a needle full of what he says are yellow-fever or cholera or typhoid germs, but which really are the products of diseased conditions in living tissues : and he really imagines that the refusal of the opponents of the germ theory to allow poisons thus procured, not from the air but from infected bodies, to be inoculated upon them, answers their denials of the germ theory of disease, or that such diseased germs can be obtained *from the air !* And that is not the whole of the absurdity, because he proposes to introduce this poison directly into the life stream by the dangerous practice of inoculation, a practice upon which I have already commented, and shall do so further presently, in connection with the diseased conditions of children.

To dispose of this surgeon once for all, I was present at a lecture he was giving at Bromley (Kent) on the 31st May, 1911, upon " Pasteur, and the debt humanity owes him," and concerning which lecture it had been advertised that questions would be invited after the lecture. In answer to a question put by me, I understood Mr. Paget to say that he had never read a line of Pasteur's writings, that all he knew of them was what was to be found in his biographies ! He has since denied that he ever said so and of course I accept his word, but I can only say that he was very unfortunate in the choice of his language, as about a dozen credible persons have stated that they understood it in the sense that I did, and some indeed have employed language more emphatic than Parliamentary in commenting on Mr. Paget's denial. I have devoted these few seconds to this gentleman because he seems to be the chosen representative in this country of the persons who occupy themselves in torturing animals under the vain belief that they may by so doing some day or other discover some means of preventing or of curing certain diseased conditions of the nosological order.

I have stated elsewhere, and I think it worth while repeating here, that up to two and one-half years ago, I carefully examined every claim put forward by these searchers for this new sort of philosopher's stone, of discoveries useful to man made by means of their cruel experiments upon great numbers of our brothers, the lower animals ; in every case I found the claim unfounded ; and in most cases so unfounded, that had not the study of the art of reasoning, called logic, been wholly absent from the numerous studies of their youth which, in the case of the really studious, had been given up to many useless and misleading studies imposed upon them by misguided academical authority, the folly of the claims put forward would have been so evident to their propounders, that in the very act of propounding them, they would have been struck dumb by perceiving their folly !

The prevalence of the germ theory of disease with all its resulting diseased conditions, is a normal consequence of the prevalence of the parent quackery of Jenner, which owes its prevalence entirely to its having been buttressed by endorsements and endowments by governments which, in this matter, never really represented the people they oppressed.

The inoculation of poison upon the healthy is a process so preposterous, so utterly opposed to reason, that we must look for a

parallel to the Mumbo Jumbo rites of our dark-skinned brothers of Africa, described by Park. But, endowed by governments, and upheld by those who are so often ministers of ignorance—the clergy, its process of inoculation was soon imitated on a larger scale, as regards a number of diseased conditions, by another monumental charlatan, who also was buttressed by endowments both by Government and by numerous individuals belonging to the millionaire class, such as Rockefeller, Carnegie, and others; so that now, in order that the people may be free to adopt the true medical theory of Homœopathy, (and I am sorry to say some also of its own professed followers are labouring beneath this incubus), it becomes necessary to illustrate the workings of this system upon those subjected to it, especially upon children, and to exhibit something of the pathology of inoculations; in which term I beg it to be understood that what are called vaccinations are included. To enable one to understand the pathology of inoculations, it is desirable to understand what is being inoculated. It must not be lost sight of that Jenner insisted that the true source of his "life-preserving" nostrum was horse-grease—so I begin by showing you the true "vaccine pustule" upon the cow, obtained by inoculating a cow with horse-grease, presented by M. Bousquet to the Academy of France in 1861-62, in the report of the French Commission, whereof he was the reporter as illustrating the progress of the "vaccine pustule." The whole report will be found in the Bulletin of the Academy of France. Vol. 27, part 1, pp. 51-136, and see figures 1 to 8.

Now on the same plate I present to you (fig. 9) the source of the poison prepared at the Lancaster Company's vaccine farm, and sold by Alexander and Co., being much lauded by the Board of Health of Pennsylvania as "Aseptic." This was expressly advertised by Messrs. Alexander and Co. at least as late as 1896 as "The only authentic case of spontaneous Cowpox in America." (Plate IV. of my Collection).

On plate 1 of my Collection I show you the pathology of this stuff as taught by Jenner.

Fig. 1 is the portrait of the hand and wrist of Sarah Nelmes, Casual Cowpox, and I beg you to bear this figure in mind, and all the others on this plate, when I shew you the plate exhibiting the true pathological relations of the condition called Cowpox.

Fig. 2. Is the portrait of the arm of John Baker, *murdered by Jenner*, and for whose death in any well-governed community, he would have been tried for and convicted of manslaughter.

It will be of no use to say that a different virus from these is used to-day. Essentially it is the same—a product of diseased conditions. I have followed the sources of this abomination in a work on Inoculations and their relations to Pathology, but although Rockefellers and Carnegies can be found to encourage and reward the torture of animals, no one has yet come forward to enable this work to be published, and as publishers are in business, neither for health nor amusement but for profit, and it is almost impossible to expect, hardly even to hope, that its publication can be productive of the latter, while the limitation of my means placed me under the greatest difficulties even in preparing that work, the chances of its publication, in my life-time at least, are hardly worth considering. Plates VI., XII., XIII., XIV. are from Ceely, and show the pathological relations of the condition called Cowpox upon man, chiefly youthful persons. Plate XV. is a differential diagnostic plate of the lesions of cowpox, from which it is at once seen that the real analogy of the diseased condition called Cowpox is with Syphilis, while the lesions of the condition called small-pox have no kinship with either. Plate XVII. shows a close relationship with the diseased condition called Cattle plague by the inoculation of the virus whereof, as vaccine material, an epidemic of cowpox was confessedly created in the United States.

The relation of the Cowpox condition with the Syphilitic, is further shown by this plate XX.

I now show you a Portrait of Lillie Henzi, a case of "successful vaccination" by the New York Board of Health. The Portrait was taken more than seven weeks after the date of her vaccination, during which period she suffered severely. The Portrait was supplied to me by Dr. E. B. Foote, of 120 Lexington Avenue, New York.

I also submit to you a pathological diagnostic Table of the main lesion of the conditions named smallpox, cowpox, and syphilis, which I can only lend for the purpose of publication, as I am not sure that I have another copy left.* I presented it to the American Association of Physicians and Surgeons at their Annual Meeting held at Indianapolis in 1896. It has been forced upon the notice of the medical profession on repeated occasions, and has been practically uncriticised, so that it must be regarded as *confessed* by the concensus of medical opinion.

---

* See Table at end.

I also show you " a typical vaccine vesicle," according to the Board of Health of Philadelphia Annual Report, 1872, opp. p. 69.

Note the Erysipelas which, too, Jenner said was essential to true vaccinia, and bear it in mind when considering the excuses for erysipelas put forward by vaccinal authorities.

The illustrations I have placed before you are a few of those I have collected for my work, on the pathology of inoculations on which I was engaged from 1894 to 1908, except when interrupted by several severe illnesses, resulting from my folly in allowing myself to be vaccinated at the beginning of my studies into that shame to medicine called vaccination, of the risks and dangers whereof I was as ignorant as were, and I fear still are, most physicians, commencing my studies by experiment upon myself, the only kind of experiment which the physician should regard as permissible. Those I have selected to place before you, relate to the ruthless experiments upon children which have been carried on with such dastardly cowardice for more than 112 years. They form but a very small portion of the recorded cases ; the unrecorded amount to more than ten times the number of those which have been recorded. Nor should I be surprised to learn that they are fifty times more numerous.

Plate XXI. represents the pathology of cowpox in three cases, but as only that represented in fig. 1, relates to a child, I omit the others as not relating to the diseased conditions of children. It has been a matter of interest to discover why Cancer has increased so much in recent years, and search for the solution of this problem has been made wherever it could not be found, and where commonsense would have directed investigation to a different channel. I have here Plate XXV. the portrait of Benjamin F. Olewine, healthy until vaccinated in December, 1894, or January, 1895. The vaccine sores about two months later developed into a sycomatous tumour, which continued to grow and spread until on the 1st July, 1897, it reached the condition shown in the plate. He suffered excruciating pain until death put an end to his misery on the 23rd day of July, 1897.

The best test of Science is prevision ; and Doctor Moseley predicted that vaccination would cause new and unheard of diseases. The diseased condition called herpes-zoster, vulgarly shingles, was hardly known prior to the beginning of the 19th century. I show you the portrait of a case of Marion Lewis, of Herpes Zoster, exhibited by Dr. Rowley at his lectures in Savile Row, London, shortly after the practice of vaccination had become popular among

the well-to-do, and also a portrait of a son of Mr. Joules, both being results of cowpox inoculation exhibited by the same physician. This boy also had a terribly diseased elbow joint. One of the miserable results of my own vaccination in 1894 with the "pure calf lymph" (three untruths in three words) of the New York Board of Health (?), "under strict aseptic precautions,"* was a terrible case of the condition called Herpes Zoster, from the common neuritic consequences whereof I still suffer, generally but slightly, but occasionally with great severity (August, 1911).

Here I present to you a life-sized photograph of the left arm of Milton Rose in 1905, at the age of twenty-nine years. You will probably say that has not much to do with pediatrics; you will be mistaken. The poor boy was vaccinated in 1883 when he was about seven years of age as a condition for admission to school in Chicago, Illinois. Observe the large scar, and the eruption surrounding it all over the arm, which eruption is never absent. I have here another portrait showing both arms and the atrophied condition of the left arm. This poor young man, like so many others, is ruined for life. He has great talent as a musician but is unable to practice with his violin, as when he attempts to hold it, it will suddenly fall from his arm.

He petitioned the Chicago Board of Aldermen for a Pension, or for a position which the ruin effected in him by the order of the Municipality would leave him able to fill. The petition was laughed out of the Board Room.

I wish to remind you that a certain diseased condition—one of the worst which afflicts mankind and to which the name of Syphilis has been given—has been widely spread by the use of the different vaccines, sera and other organic and organised poisons used for inoculation.

Dr. Bulkley, in his "Syphilis of the Innocent," enumerated over 1,200 cases of vaccino-syphilis as having occurred up to the year 1894, and mentions "hundreds" of others as having occurred among soldiers. It is a matter of course that, besides these which Dr. Bulkley was able to enumerate, a much larger number must have passed unobserved to a lingering and miserable death.

---

* This expression of "strict aseptic precautions" applied to an operation absolutely septic in its own nature, an expression which is commonly employed by a large majority of the medical profession to-day, in complete ignorance of its self-contradiction, illustrates better than could any discussion the thoughtlessness with which high-sounding phrases are bandied about, "darkening counsel with words without meaning."

The celebrated Surgeon Hutchinson, a noted pro-vaccinist, confessed in his Archives of Surgery, that what is called " pure calf lymph " is capable of producing, and has produced, lesions which the most skilled syphilographers cannot distinguish from those of the regular disease, or, as I should say, diseased condition.

I will now proceed to examine into the pathology of other inoculations, regretting that my absence from my library in New York prevents my presenting any illustrations of those cases.

I will first take up the anti-toxin inoculations, and I will begin with the case of the little daughter of Dr. Langenhaus.

In that case diphtheria being reported in Berlin, Professor Langenhaus believing in the scare raised by the official doctors, and as a precautionary measure, inoculated his child with the prepared Klebs-Loeffler bacillus. In ten minutes the child was dead, dying after fearful agony at the hands of its unhappy parent.

In the Journal of the American Medical Association, an incident is recorded which occurred in the practice of Dr. Halderman, of Portsmouth, Ohio, in which a sleeping boy, five years old, was given a preventive dose of Behring's Serum. Up to the time of the injection he was in perfect health ; five minutes afterwards he was dead. The account states that the Doctor had withdrawn to another room to refill his syringe for use on another child, the mother noticed the boy's lips puff up, and called to the Doctor saying that something was wrong with Willie. By the time the Doctor had reached him, the child was dead. *Medical Record,* June 20th, 1896, page 883.

A boy from the country visiting his uncle at Brooklyn, developed the condition called Diphtheria. As he gradually grew worse under treatment, the physician obtained a bottle of Anti-Toxin. An injection of this fluid was made, and the boy died three hours after. On the following day a seventeen year old daughter of the uncle complained of a sore throat. The physician administered by inoculation a dose from another bottle of Anti-Toxin. Directly after the injection the girl said she felt a tickling sensation all over her body. She fell on a lounge in convulsion, and was dead in ten minutes. Her face turned black almost immediately after receiving the fluid. *The Lancet,* April 20th, 1895.

Sir James H. Thornton, K.C.B., I.M.S., etc., in answer to question 7130 of the Royal Commission on Vivisection stated, " It (anti-toxin) may cause paralysis, kidney disease, heart mischief, and other disorders, and in some instances when used on healthy persons as a prophylactic, it has caused sudden death like a dose of deadly poison."

It was stated in *The Meaical Brief* that " Through some horrible blunder the Health Department of Saint Louis has been distributing the bacilli of lock-jaw in place of diphtheria anti-toxin . . . The result is that eleven diphtheritic patients died of lock-jaw, after injection with the material furnished by the city, and eleven others are near death." (*Medical Brief*, January, 1902, p. 106).

A child of eighteen months suffering from a slight laryngeal diphtheria followed by croup . . . was treated by injection, with two doses of 20 cc anti-toxin, and died forty-eight hours later in a state of hyperpyrexia. (*Medical Record*, 20th June, 1896).

Sevestre reports the case of a little girl of five, who two weeks after an injection of 20 cc. of serum, presented symptoms of extreme gravity,—vomiting, fever, enormous swelling of the glands, marked pain in the vertebral articulation, wrists, knees and ankles, offensive diarrhoea, aneura, severe cardiac disturbances, alternate attacks of delirium and collapse. *Ibid.*

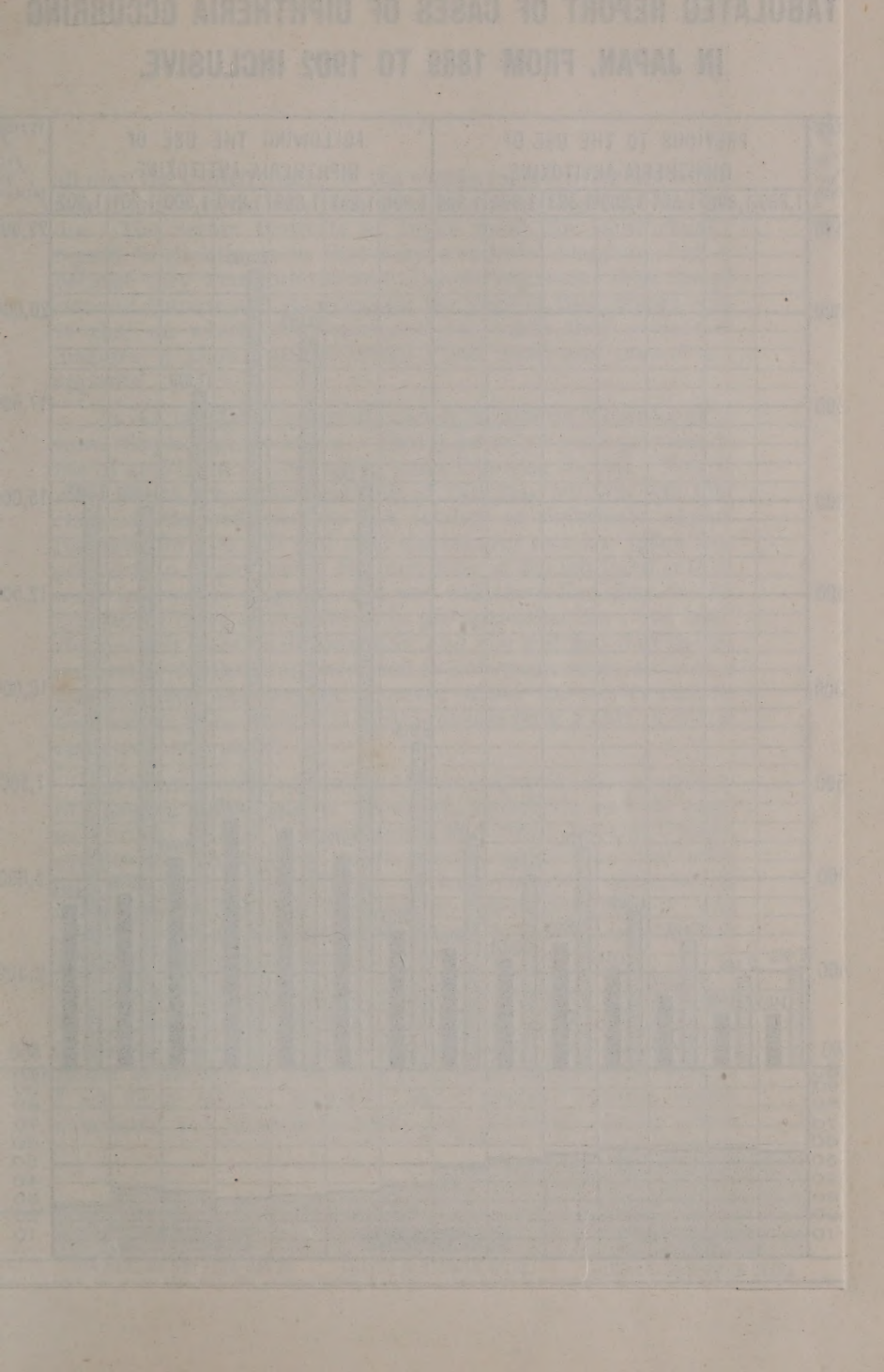
Lennox Browne reports five cases treated with anti-toxin, two died thirty-five and forty-five hours respectively after injection, with complete suppression of urine. *Ibid.*

Doctor J. C. Shannon recently treated two patients in one family, with anti-toxin at the very outset of the disease, and both died. *Ibid.*

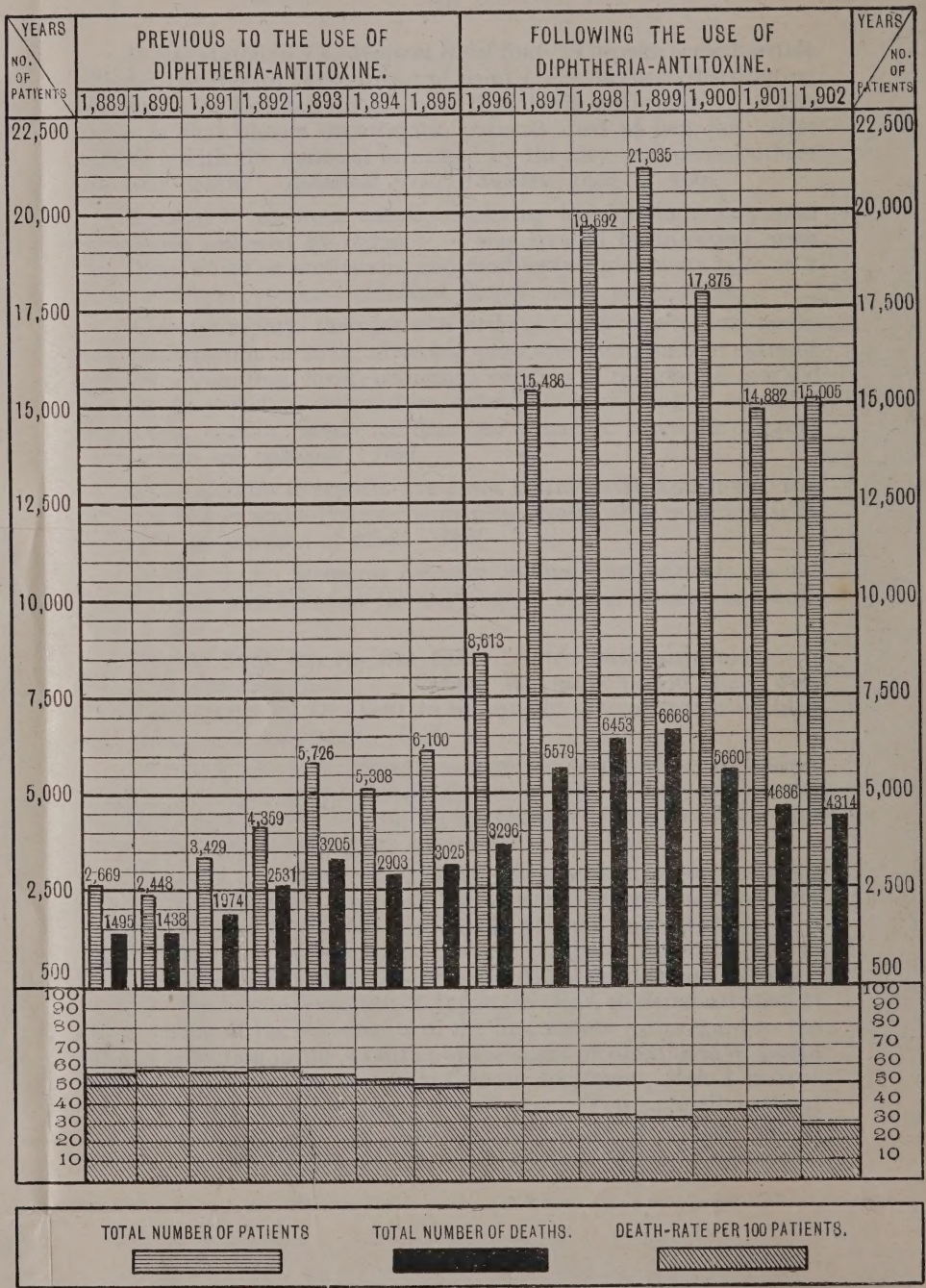
Doctor Tefft reports five cases treated with anti-toxin . . . Three of the five died . . . During the same period there were five cases stated by Dr. Tefft to be equally severe treated without anti-toxin ; all recovered. *Ibid.*

Professor Sir A. E. Wright is reported in the *Clinical Journal* of May 4th, 1904, pages 43 and 46, as saying :—" I do not wonder at the failures ; I wonder only at the successes when I consider how these inoculations have been carried on in the dark."

You will remember what I have already said to you as to the unscientific character of, and the dangers attendant upon, the practice of inoculation, and I quoted to you the opinion of Dr. J. J. Garth Wilkinson on the same subject. I have promised not to bore you with statistics, but there is one statistical diagram furnished to us by the Serum Institute of Japan, so clear, so demonstrative of the meaning of the statements of the inoculators with regard to the alleged reduction in the fatalities of the cases of diphtheria in Japan since the introduction of the anti-toxin treatment, that I believe you will thank me for placing it before you. You have all, without doubt, heard repeated *ad nauseam* the boasts of all the official doctors of Great Britain, of the official doctors all over Europe and



TABULATED REPORT OF CASES OF DIPHTHERIA OCCURRING IN JAPAN, FROM 1889 TO 1902 INCLUSIVE.



all over the United States, of the wonderful reduction in the fatality rate in cases of diphtheria since this anti-toxin serum has been in use. The Serum Institute of Japan made the same claim with regard to diphtheria in that very wonderful kingdom, but either because they were more honest or more ingenuous than the physicians of Europe and America, on the page of their report opposite to that on which this statement was made they presented the diagram, a photograph of which I had made and present a copy opposite.

It is a tabulated report of cases of diphtheria occurring in Japan from 1889 to 1902 inclusive. That is for seven years previous to the use of anti-toxin and for seven years following its use. Now if you will look to the right-hand half of this diagram you will find the claim of the reduction in the fatality of diphtheria apparently justified, for you will find that the fatality rate has fallen from 52 per cent. to 28 per cent. But now look at the left-hand side of this most instructive diagram, and you will there find that the largest number of cases of diphtheria in pre-anti-toxin days was less than the smallest after its introduction, and you will find that the largest amount of deaths which occurred in anti-toxin days, viz. : in 1893, was less than the smallest number under the use of anti-toxin ; this was in 1896, when it is very probable only a part of the actual cases were so treated.

What is the interpretation of this enigma ? It is simply a case of changing nomenclature. Formerly diphtheria was not regarded as virulent, unless a membrane was formed, or the " signs and symptoms " showed the entire system to have become infected; but now under the influence of bacteriological nonsense almost every case of follicular tonsilitis is called diphtheria if what is called the Klebs-Loeffler bacillus can be found in the cultures obtained from the throat.

I have had illustrations of this in my own practice in New York, where I was called in consultation by Doctor Hill, of Fort Hamilton, New York, in which the patient was *accused* by the Board of Health of New York City of being *guilty* of diphtheria. I use these terms " accused " and " guilty " because under the charitable and religious conduct now prevalent among officers of Boards of Health, the sick instead of being treated as subjects for commiseration and sympathy, are treated either as " suspects " or as " public enemies," and this conduct on the part of official doctors is one very serious charge that I make against the absurdly erroneous dogma of the germ theory of disease.

I have also had experiences in my own practice of an opposite aspect. In cases, unquestionably of severe diphtheritic conditions, I recognised in one of them the entire invasion of the system by the poison, and prognosticated death within a few hours if the dominant school of practice was persisted in. The New York Board of Health insisted the case was not one of diphtheria because the Klebs-Loeffler bacillus was not present. The case proved fatal as I had predicted, but it went upon record as death from some other cause, and thus helped to diminish the fatality rate from diphtheria. The explanation of this case is the same precisely with that of one of gangrene in the surgical practice of Professor Estor, of Montpellier, described and *explained* by A. Béchamp and A. Estor in the "Montpellier Medical," vol. 24, p. 32 (1870). The progress of the diseased conditions in my cases and in that of Professor Estor had been so rapid, that the microzymas had not time to develop into bacteria.

I have not arrested my history of the few cases I have mentioned to you for the purpose of pointing out the absurdities uttered by the learned men whose descriptions I quoted when viewed in the light of the grand truths relating to the microzymas, disclosed to the world by Professor Béchamp and his pupils; interesting as that subject would be, I am afraid it would take me too far afield.

I will, however, bring to your mind the curious doctrine put forward by the germologists of "typhoid-carriers," "diphtheria-carriers," "fever-carriers," "cancer-carriers," and other fruits of their imagination, imagined to enable them to explain away the contradictions of their creed; it is as well to remember, however, that one of the unfortunate victims of the New York Board of Health (or as some persons say Board of Death), an Irishwoman, was held in a prison called quarantine, for some three years by herself, cut off from all communication with her friends because, although herself in perfect health, she presented in her excretions the little bug which these misguided doctors chose to call the typhoid bacillus. Numbers of persons have been held up in the prisons called Quarantines in various parts of the United States for similar reasons.

There is another matter—illustrated by the above-mentioned cases—which this representative body of Homœopaths ought to press upon the attention not only of Homœopaths but of governments and the peoples of all nations, where statistics of diseased conditions and of causes of death are being collected; and that is the enormous falsification of those statistics by the medical pro-

fession under the stress of the obsession of the germ theory of disease.

In so far as regards the causes of death, those statistics, gathered at an enormous expense to the people, are not only well-nigh worthless, they are misleading, and may not be cited for any purpose further than the bare vital statistics of births and deaths and for demonstrating, as I have above demonstrated to a small extent, the absurdities into which it leads the gatherers of statistics and the germologists.

I desire to call attention to a very remarkable booklet by Dr. Geo. Granville Bantock, on " The modern Doctrines of Bacteriology, or the germ theory of Disease." On pages 10, 11, he quotes especially the cases of Dr. George Stoker, commencing with two chronic ulcerative conditions which, to my mind, are conclusive against the germ theory, but which go far to confirm the microzymian theory of Professor Antoine Béchamp, with which I regretted to perceive Dr. Bantock was not acquainted. I cannot attempt to do justice to Dr. Bantock's paper in this memoir, but I do advise you all to read it. Besides being obtainable at the British Museum and, I presume, the medical libraries, it can be purchased of Bale, Sons, and Danielsson, Ltd., 83-89 Great Titchfield Street, W., for 1/6. It is worth many guineas. The works of Dr. Herbert Snow also deserve attention, as they, too, illustrate, though I think not seen by him to do so, the absurdities of the germ theory. Had he, too, been acquainted with Béchamp's wonderful discoveries, he would have seen how they throw light on his observations.

A scholarly and learned work on " Bacteria of the sputa and cryptogamic flora of the mouth," by Dr. F. Vicentini, of Chieta (Italy), was published in an English dress by Ballière, Tindall and Cox, of London, in 1897 ; and in 1908 that gentleman furnished to the Am. Med. Ass. at its session in Boston, a memoir entitled " The botanical diagnosis of Leptothrix Racemosa and its relation to the modern doctrine of Bacteriology." The facts described in these works absolutely negative the germ theory of disease. In the latter the author proposes to change the name of Leptothrix Buccalès (which, he says, includes several varieties) to Leptothrix Racemosa, which he regarded as the parent of several of the so-called pathogenic bacteria, such as the tubercle bacillus, the gonococcus, the pneumococcus. He also says, " Culture experiments are not conclusive in deciding cases of genetic connection." In a case of carcinoma of the bladder, Dr. Vicentini found a diplococcus analogous to the gonococcus of Neisser, and observes

that the discovery of such curved forms in diplococci, even in the sputa of whooping cough, is fatal to the supposition of their being a specific characteristic of any disease."

Other eminent bacteriologists have adopted views, if not exactly the same, yet analagous thereto. Professor Nageli said, "If my view is correct, the same species in the course of generations takes different morphological and physiological forms, which in the course of years bring about sometimes the sourness of milk, or the acid fermentation of sour-kraut, or the fermentation of urea, or the putrefaction of albuminoid substances, or the reddening of food containing starch, sometimes producing typhus fever, cholera or intermittent fever.

All these facts, and the varying theories of bacteriologists, find a perfect explanation in the microzymian theory, which forms a common solvent for them all.

Before bringing this memoir to a close, I wish to clear from the minds of all homœopathic physicians the idea that there is anything homœopathic in the germ theory of disease or the inoculation of the poison of this or that diseased condition. You will remember the citation which I made from one of the greatest followers of Hahnemann, Doctor Wilkinson, and you may be sure that he would not have been opposed to inoculation had he regarded that mode of administering drugs as compatible with the homœopathic practice of administration *per oram*, but further before a drug can be received into the homœopathic materia medica, it must be proved upon volunteer experimenters, and the symptoms developed carefully noted. The drug so proved is not to be administered because of a name, but to a patient presenting symptoms similar to those developed by the drug upon the volunteer provers, and thus proved and administered in homœopathic doses, such horrible results as those unblushingly described by Professor Neisser as inflicted by him upon four out of the eight girls whom he inoculated with syphilis, become impossible. Although Lord Cromer declared that experiments upon human beings are not approved by the Research Defence Society, no medical body, not even the body before whom Professor Neisser's Cavendish lecture was delivered, has had sufficient conscience of the wrong to protest against his conduct; and we are informed by the *Lancet*, as most of you are probably aware, he was recently honoured by the West London Medical Clinical Society with their gold medal for "distinguished work in Medical science."

The germ theory of disease has induced a brutality and recklessness to human suffering on the part of a few physicians under

the influence, the demoralising influence, of official patronage, and of the enforcement of the cruel the shameful practice of the inoculation of small-pox.

Again I remind you that "prevision is the surest test of science." When Mr. Strauss inaugurated his magnificiently *intended* charity, of dispensing milk gratuitously to all the poor infants of New York, he unfortunately prescribed the use of pasteurized milk. The late lamented Dr. Boëns, of Belgium, and I joined in representing to him, that the pasteurizing of milk would destroy its vitality, as the so-called germs contained in the milk and against which the milk was to be protected by being pasteurized, constituted the vital properties of that fluid; that it might probably preserve from starvation a few who but for it might die from inanition, but that large numbers of those fed upon that food would in the course of two or three years develop some form of the diseased condition termed scrofula. Mr. Strauss conferred with the Health authorities of New York City, and after about two weeks wrote to us stating that he had done so, and that those authorities advised him that there was nothing in our criticism, and he felt bound to follow their advice. Of course he could not do otherwise. Just about three years afterwards I noticed in the press that Mr. Strauss would discontinue his milk charities in consequence of the prevalence of scrofulous affections among the children fed upon his pasteurized milk, and of the conflicting opinions of medical men upon the subject. Shortly afterwards I learned, also from the newspapers, that he had been prevailed on to continue his milk charities. Now I suggest that a few New York physicians be asked by this Congress to observe the facts as they develop, and to report thereon at the next International Congress to be held in the year 1916.*

When I heard that the Royal Commission on Tuberculosis had, by their final Report, ascribed the alleged increase of tuberculosis to the presence of what they call the tubercle bacillus in cows, I at once purchased and proceeded to read that report.

I find that in it the Commissioners have taken for facts the fairy tales which official doctors have been spinning about the tubercle-bacillus so-called, and which the gullible press and public have been swallowing; I also found that every member of the

* As this memoir was suppressed by "the authorities," the Congress knew nothing of this suggestion. I nevertheless earnestly call upon New York physicians to take measures for observing the facts which may develop from the use of pasteurised milk under the charities of Mr. Strauss. My advanced age, my absence from New York, and my engrossing labors in other though related investigations, preclude my attempting to do so.

Commission was palpably ignorant of the grand discoveries of Béchamp, and accepted instead the distorted plagiarisms thereof by Pasteur, and I must add by Koch; that the 75,000 pounds sterling which I have been told has been the cost of the Commission, and the ten years of labour of its members, have alike been wasted; and that the entire discussion by the Commissioners strikingly resembles the discussions of the philosophers of Lilliput, so brilliantly recorded by the immortal Swift, and what is now most needed is a Molière or a Swift to laugh the ridiculous germ theory of disease into oblivion.

It is to be presumed that, if left to their own devices, the Government, under the impulsion of their permanent medical staff, will take measures for feeding the infants of the very poor upon pasteurized milk, that is upon milk with its vitality destroyed, and so prepare for, three or four years hence, a great increase in the number of infants presenting the scrofulous condition.

Permit me next to call your attention to the almost unanimous opinion of skilled dentists that the degeneration of the teeth so universally recognised by observant dentists in this country and in America is a result of the inoculation of the poison of vaccinia during the formative period of the elementary tissues.

There is a great search for the cause of an alleged increase of tuberculosis in this country and in the United States. The search, unfortunately, is misdirected by the absurd germ theory; if it be a fact that that condition has increased, the causes thereof are to be found in increased poverty and in vaccination or the inoculation of tuberculin in cows or humans.

Innumerable cases of tetanus have resulted from the use of vaccine virus, of anti-rabic virus, of anti-toxin; but the official doctors can never see this cause, and they furnish a remarkable instance of self-interest blinding people to the most obvious facts. The law rewards them for being ignorant; can it therefore be wondered at if they refuse to learn?

I suggest to our homœopathic brethren of Great Britain that they should make a determined fight against such portions of the Insurance Bill now pending in Parliament, as tend to increase the power of the Allopathic School of Medicine over the bodies, the lives and the *pockets* of the people of this country. The education of the student of medicine to-day is in many respects far inferior to what it was three-quarters of a century ago. The old style of apprenticing a youth to a country practitioner possessed the advantage of presenting to him an amount of opportunities for practical obser-

vation, which he never gets at the present day during his student years. Instead of it, he is required to learn a lot of things which, in many cases, are the reverse of the truth, and he is also muddled up with a lot of sham science under the name of bacteriology. The greatest misfortune that could befall the medical profession and, therefore, the people of any country in its relations to medicine, has happened in nearly all the countries calling themselves civilized. The medical profession has been made an official cult, a privileged body ; and if Jesus Christ were to come to earth to-day and dared to heal the sick, He would be incontinently dragged before some Justice Shallow and punished for His humanity. The Law in this instance is worse, and more shamelessly administered in the pretended interests of the people in most of the States of the United States than I believe it to be here.

The very nature of our education to become physicians, is in its essence dogmatic ; reasoning and logical argument have very little place in it, and when we quit the school and go into practice, we are, and it is right that we should be, despots in the sick room ; but there should always be the fullest faculty on the part of the patient, or of his friends if he cannot act for himself, to change the medical attendant. This right has been exercised pretty freely until now, but as I understand the Insurance Bill as at present before Parliament, this faculty will be very considerably abridged.

Now I would urge on the Homœopaths as a body, not merely to protest against the provisions of the Bill in this respect, but also to protest against the power possessed by the dominant School of Medicine to dictate the sort of education which shall be required of candidates for admission to the profession of the physician, and thus practically to hold in their hands control over the practice of medicine and the entire body of practitioners.

I have given this subject of Medical Education considerable study, and I think that of all the courses of education now prevailing, that which produces the Allopathic physician is the worst.

Able, learned, and true-hearted men have been produced in nearly all the Schools of Medicine which prevail, fewer I believe in proportion to their numbers among the Allopathic School than among ours, or probably among others which could be mentioned, and those they do produce, owe their greatness not to the teachings of the Allopathic Schools, but to their own special and personal qualities which have enabled them to overcome the drawbacks of their medical education in the Allopathic Schools.

P.S.—Since this memoir was prepared, I have been informed that the Chancellor has consented to amendments, removing this and some other of the medical objections to the Bill; but the main objections, that it still further rivets medical endowment on the people, establishes a state medicine, and, under the pretence of "Research," rivets upon the people the abominable practice of the torture of animals, remain unchanged.

NOTE.—The silence maintained by the "leaders of the profession" to such works of research as those of Dr. Vicentini, of Dr. Bantock, of Dr. Snow, and above all to the grand discoveries of Béchamp, suggest a desire to continue the ignorance of the major part of the profession of all evidence which might tend to overthrow the pet superstition of the present day—the germ theory of disease. Was the attempted suppression of this memoir by the "authorities" of the Homœopathic body a continuation of the same "conspiracy of silence" confessed in the French Academy by M. Armand Gautier, with regard to the works of the MASTER?

P.S. No. 2.—While the foregoing was in the Press, my attention was called to two proceedings which deserve the serious consideration of the people of Great Britain.

The public are perhaps aware, that a sum of one penny per head (estimated to number 15,000,000 in the near future, and therefore likely to amount to £62,500 per annum) has been provided in the new Insurance Bill for purposes of "Research," in other words, for the torture of animals. Notices of amendments had been put down by Mr. Greenwood and by Mr. Chancellor. At two o'clock in the morning of Thursday August 3rd, 1911 when neither of those two gentleman was able to be present, the clause was reached in Committee and *went through*. The mischief is not, I understand, irreparable, for the question can be raised on the "Report" stage, but is such practice conducive to wise Legislation?

The other procedure illustrates far more serious evils, and among them the pernicious craving for the increase of "power, place and pelf," which is always present in officialdom, and has been most signally evident, in recent times, among medical officials in Great Britain and the United States.

It is, I suppose, pretty generally known that by virtue of the rulings of an aristocratically imposed judiciary, "orders" of the Local Government Board have been raised nearly to the authority of Acts of Parliament.

On the 15th of August, 1910, the L.G.B. issued an order concerning "London County" (No. 51, 569), whereby, after reciting the "London Public Health Act, 1891," section 71, and stating that "it is expedient that the sanction of the Local Government Board should be given . . . to the provision by the sanitary authority of a temporary supply of . . . diphtheria anti-toxin, and of medical assistance in connexion" therewith, and reciting that . . . with respect to the said medical officers of health it is expedient that further provision should be made with regard to—

(*a*) the duties of the said M.O.H. in connexion with the use of diphtheria anti-toxin in cases of disease, as well for the *prevention of disease* as for the *prevention of its extension;* and

(*b*) the *compensation of the said M.O.H.* for the *discharge of the said duties.* (Italics mine).

Now, therefore, We, the L.G.B., etc., order, as follows:—

Art. I.—"We sanction the provision . . . of a temporary supply of diphtheria anti-toxin, and of medical assistance, etc."

Art. II. extends the regulations concerning the duties of the M.O.H. by the orders of the L.G.B. to all action by the M.O.H. in the execution of this order.

Art. III. provides for the payment by the sanitary authority of an *addition to the salary of the M.O.H.* (Italics mine).

Art. IV.—"This order may be cited as the Diphtheria Anti-toxin (London) Order, 1910."

I hope my readers are acquainted with the history of the tricky methods* by which the poisonous rite of vaccination was imposed, first upon the rates, and then by degrees *forced* upon the bodies of the people of Great Britain; and now that the people, wiser than their governors and teachers, have, to a great extent, got rid of that superstition, a new exploitation is being effected.

The claim that official doctors of medicine are too high-minded to be influenced by mercenary motives in urging "diphtheria anti-toxin" upon a deluded people through the active work of the Government, *i.e.*, of themselves, is too preposterous to merit other than a scornful, though sorrowful, attention. It is absolutely

*Those who are not yet familiar with them should study them in White's "Story of a Great Delusion."

negatived by their clamorous and shameless cry, now being constantly heard, for more pay, to compensate them for the falling off in their dishonourably acquired incomes, due to the uprising against their poisoning practices becoming more and more popularised.

Let them first cease their clamours to this end before they dare to claim applause for a pretended disinterestedness.

On page 22 I have called for a Molière or a Swift to laugh the ridiculous germ theory into oblivion. I think the English people have found one. I invite Mr. Bernard Shaw to take his seat upon the bench of judgment in the court of common-sense, with the flaming sword of wit and ridicule in his hand.

ROSE AND HARRIS, PRINTERS, BROADMEAD, BRISTOL.

PATHOLOGICAL DIAGNOSTIC TABLE.

By Dr. M. R. LEVERSON.

SMALLPOX.	COWPOX. Primary Lesion.	GREAT-POX OR SYPHILIS.
1. Eruption general, superficial.	1. Eruption local, deep, in the corium of skin or subcutaneous tissue, or in the mucous membrane.	1. Eruption local, deep, in the corium of skin or subcutaneous tissue, or in the mucous membrane.
2. Constitutional or general symptoms precede the eruption and are relieved on its appearance.	2. Constitutional symptoms do not precede but follow the eruption in all cases.	2. Constitutional symptoms do not precede but follow the eruption in all cases according to the recognized authorities.
3. Eruption first felt as a No. 8 bird shot beneath the skin, it then appears as a papule; then a vesicle, becoming pustular about the 5th or 6th day, is from one to three lines in length: but the pustules are of various kinds, irregular, elevated, generally perforated by a hair, induration, if any, very slight, no tendency to a gnawing ulceration of the skin.	3. Pustule* always the same, first a papule, then a vesicle, becoming pustular about the 8th day, 7 to 10 lines in diameter, round, centrally depressed, margin indurated and not perforated by a hair, has a cellular membrane at floor, tendency to a gnawing ulceration.	3. Pustule* always the same, first a papule rapidly becoming pustular without perceptibly passing through a vesicular stage, 7 to 10 lines in diameter, scooped out, deep funnel-shaped with sloping edges often elevated, not perforated by a hair, has a fungoid membrane at floor, tendency to a gnawing ulceration.
4. The fluid is contained in two chambers—a superficial and a deep, which communicate around the edges of the separating membrane. The infective material (if any) is carried in the air.	4. The fluid is contained in a single chamber, reticulated, is non-volatile and the infection is communicated only by immediate contact with an abraided surface.	4. Absolutely the same as the cowpox.
5. The poison of smallpox, like that of cholera, is produced spontaneously in certain seasons in unhealthy and filthy localities.	5. The poison is never produced spontaneously. It is always the result of direct contact between a vaccinated or syphilized subject and an abraded skin or a mucous membrane.	5. The poison is not produced spontaneously. It must either come in contact with an abraided skin or with the mucous membrane.
6. The smallpox pustules leave no scar if properly treated. It is bad treatment and exposure to light during their evolution which is the cause of the scarification, formerly so common.	6. The cowpox leaves a special foveated scar, owing to its having attacked the whole skin, and spreads out in different directions by erosion of the skin.	6. Similar to the scar of cowpox, but is generally slight and varies more in character.
7. The smallpox eruption does not affect the lymphatic system.	7. The cowpox poison permeates the lymphatic channels and ganglia causing cutaneous inflammation, buboes and abscesses in various parts of the body except when greatly attenuated as by passing through the tissues of different subjects.	7. Absolutely the same as the cowpox.
8. Inoculable.	8. Inoculable.	8. Inoculable.
9. Both Sexes.	9. Cow only.†	9. Both sexes.
10. The smallpox is epidemic; taking its rise in filthy localities, and can be arrested in its march by disinfectants and cleanliness.	10. Cowpox is independent of time and place; it is sporadic, accidental, individual, communicated only by direct inoculation.	10. Absolutely the same as cowpox.

SECONDARY SYMPTOMS.

11. Nephritis has not been uncommon, but it is really a continuation of the diseased condition outwardly expressed by small pox and disappears if that disease is properly treated. Sometimes blindness follows; but this is a consequence of the acute attack and is not a "secondary" symptom; it occurs through failure to observe and give special treatment for a pustule appearing on the cornea; sometimes pulmonary troubles follow, but these also result from bad treatment.	11. Amyloid degeneration of the kidneys has not been observed to follow cowpox.	11. Amyloid degeneration of the kidneys, though rare, has been recorded as following the chancre.
12. Except as above stated there are no secondaries to smallpox. The pitts sometimes seen, are the scars of the eruption, and never occur in cases which are properly treated. After recovery the patient is restored to normal health.	12. Sometimes buboes which discharge an ichorous pus, it poisons the blood and causes enlarged glands.	12. Buboes, sometimes discharging an ichorous pus, it poisons the blood and causes enlarged glands.
	13. Lymphangitis.	13. Lymphangitis.
	14. Snuffles.	14. Snuffles.
	15. Thrush.	15. Thrush.
	16. Phagedenic sores.	16. Phagedenic sores.
	17. Eruptions and abscesses on genitals in infants.	17. Eruptions and abscesses on genitals in infants.
	18. Nodes in the head.	18. Nodes in the head.
	19. Ophthalmia.	19. Ophthalmia.
	20. Alopecia.	20. Alopecia.
	21. Cephalalgia.	21. Cephalalgia.
	22. Dentition delayed in children, with production of the so-called syphilitic teeth.	22. Dentition delayed in children, with production of the so-called syphilitic teeth.
	23. Falling out of teeth.	23. Falling out of teeth.
	24. Dermatitis gangrenosa infantum.	24. Dermatitis of every kind; rarely gangrenosa.
	25. Erythema, especially papulatum.	25. Erythema.
	26. Impetigo.	26. Impetigo.
	27. Eczema of all kinds.	27. Eczema.
	28. Herpes.	28. Herpes.
	29. Ready fracture and difficult healing of bone, also caries.	29. Caries of bone; many authorities regard this as a tertiary symptom only, a result of bad treatment and not properly a secondary of syphilis.
	30. Photophobia.	30. Photophobia.
	31. Insanity.	31. Insanity.
	32. Scrofula.	32. Scrofula.
	33. Macula roseola.	33. Macula roseola.
	34. Condylomata.	34. Condylomata.
	35. Mucous patches on tonsils, tongue and lips tending to ulceration.	35. Mucous patches on tonsils, tongue and lips tending to ulceration.
	36. Acne.	36. Acne.
	37. Bronchitis.	37. Bronchitis.
	38. Tuberculosis.	38. Tuberculosis.
	39. Arrest of development.	39. Arrest of development.
	40. Not only is the cowpox not preventive against smallpox, but those subjected to it are predisposed to attack in epidemics of disorders supposed to be infectious, such as typhoid, cholera, smallpox. This is established by statistics: Of Germany by Dr. Oidtmann; of Switzerland by Prof. Dr. Vogt; of England by Alfred R. Wallace, William Tebb, and Alex. Wheeler, and among the workmen and prisoners of Belgium by Dr. Hubert Boëns.	40. Absolutely the same as in cowpox.
	41. The name of vaccinides has been given to the different skin diseases resulting from vaccination.	41. The name syphilides has been given to the different skin diseases following upon syphilis.
	42. Vaccinides and syphilides are cured by similar treatment.	42. As in Cowpox
43. Smallpox will not beget cowpox or syphilis.	43. Cowpox will not beget smallpox.	43. Syphilis will not beget smallpox.

* i.e., The chancre.

† Cowpox may be inoculated on the bull, but no case of "spontaneous" cowpox has ever been observed on the bull.